

REPUBLICANS SHOULD ABANDON PRIVATE HEALTH AND PRESCRIPTION DRUG INSURANCE SCHEME

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, I have an idea. What if we, say, break Medicare apart and ask seniors to shop in the private insurance market if they want to piece it back together. Seniors could buy one private plan to cover doctors visits, another to cover hospital stays, a third to cover home health services, and maybe a fourth to cover prescription drugs. Perhaps they could purchase an Aetna plan for outpatient care, a Kaiser plan for the physical therapy coverage, and maybe Golden Rule will offer insurance for medical equipment.

Does this sound absurd? Why is it less absurd to isolate prescription drugs and require Medicare beneficiaries to carry a separate private stand-alone you-are-on-your-own policy for that benefit?

That is what the Republican prescription drug plan is all about. It privatizes the prescription drug plan. It says to senior citizens, "Here is a voucher. Here is a little bit of money," although they give the money to the insurance company, actually not directly to the senior citizen. "Here is a plan, here is some money. Go out and find your own plan."

If the GOP prescription drug plan is a back door attempt to privatize Medicare, something that Republicans have wanted to do since 90 percent of them voted against the creation of Medicare 35 years ago, and occasionally say, in more recent years, that they want to privatize Medicare, my colleagues should come out and tell us that they want to privatize Medicare.

If their goal truly is to help America's elderly, my Republican colleagues need to go back to the drawing board. Better yet, follow our lead. The best way to complete the Medicare benefits package is to complete the Medicare benefits package. That means adding a new drug benefit to the existing Medicare program.

Medicare has worked for senior citizens in this country, half of whom had no health insurance 35 years ago. Medicare has worked for senior citizens in this country, making it probably the most popular government program in the history of this Nation. Why should we privatize it? Why should we take prescription drugs and make it into a private insurance stand-alone you-are-on-your-own kind of program?

It means we should add the new drug benefit to the existing Medicare benefits package. That is what works. We know that works. That is what this Congress should pass. Unless my colleagues can explain why the existing

Medicare program somehow is not worthy of a prescription drug benefit, they should abandon their private insurance scheme and join us.

Last Friday, a week ago today, I chartered a bus and took about 20 senior citizens from Lorain County and Medina County, Ohio, on a 2½ bus trip to Windsor, Ontario, Canada. They took their prescriptions with them for medicine. Most of them were Medicare beneficiaries, some were younger than that.

They took their prescriptions with them. We got a doctor in Canada to write a similar prescription. We went to a drugstore in Windsor, Ontario, and every senior citizen on that trip, every single senior citizen on that trip, saved at least \$100 on prescriptions. On the average, the 15 or 20 senior citizens saved \$200, and some of them saved as much as \$300 to \$400 on one prescription, on the one prescription that they had brought with them.

The fact is, Canadians buy the same drugs, their drug stores sell the same dosage of the same prescription drugs made by the same company, usually an American company, for half the price that American drugstores charge. It is not the drugstores, it is the fact that prescription drug companies, the big name brand drug companies in the United States of America, sell their drugs in Canada at half the price as they do in the United States.

We are the only country in the world, underscore that, we are the only country in the world, that allows the drug companies to unilaterally, monopolistically, discriminately sell their drugs to the United States with no interference.

In every other country in the world the prices are lower. In every other country in the world, from Germany to France to Israel to Nigeria to Brazil to Japan to England, none of those countries allows the drug companies to set their price in a monopolistic and discriminatory way. America's elderly pay twice as much for drugs as America's HMOs, big insurance companies, and the VA sell them for.

Americans buying drugs pay twice as much on the average as people in every other country in the world. Americans, in fact, pay more for their drugs out of pocket at a drugstore for the same drug than if they go into a pet store and buy the exact same drug and the exact same dosage for their pets.

Mr. Speaker, I ask that this Congress put aside the risky insurance scheme and pass a Medicare drug benefit.

THE CLINTON-GORE SECURITY GAP

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. HUNTER) is recognized for 5 minutes.

Mr. HUNTER. Mr. Speaker, the American people are viewing the Los

Alamos tragedy, this latest tragedy of the losing of two hard drives in one of our most secure places in that nuclear weapons development institute, and having those hard drives lost for a long period of time, and it is still unclear exactly how long they have been lost, having them suddenly reappear behind a copy machine in a place that had been previously searched, and America debates what we should do with respect to this crisis; who should be fired, what reorganization should be made.

I think what we need to do now is to focus not just on this particular incident, but on four major occurrences that have taken place in the last 8 years that constitute in my estimation what I call the Clinton-Gore security gap.

Let me talk about the first of those things.

First, Dr. Wen Ho Lee was focused on in August of 1997 after we discovered that plans for the W-88 nuclear warhead had been stolen, and it appeared to be in the possession of the Communist Chinese. Dr. Wen Ho Lee, we focused on him and determined that he was a suspect in the theft of nuclear secrets. This was a very serious thing.

At that time, in August of 1997, the head of the FBI, Louis Freeh, met with the Clinton-Gore Department of Energy head, the Secretary of Energy, then Mr. Pena, and the head of the FBI said, essentially, "This guy appears to be a spy of nuclear secrets. Right now he is sitting there with total access to America's most critical nuclear secrets. Get him out of there. Get him out of there." He said that in August of 1997.

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A few weeks earlier, he had met with Mr. Pena, Under Secretary of Energy, Elizabeth Moler, and according to Mr. Trulock, who was the head of security, told her the same thing, get this guy out of there, he may be a spy and may be accessing this very critical material. Seventeen months later, somebody looked around at Los Alamos, after the Cox Commission had started to investigate and said, hey, the suspected nuclear spy, is he still in the nuclear weapons vault with access to our most important secrets; and somebody else slapped their forehead and said, yes, I guess he is still there.

In the series of hearings that we had on this incident, there was lots of finger pointing. Elizabeth Moler said Mr. Trulock was supposed to fire him. Mr. Trulock said that she was very definitely told to get this guy out of there and that he told her how to go about doing it. And yet the Clinton-Gore administration allowed a suspected nuclear secrets spy to stay in place for 17 months after the head of the FBI personally met with the Secretary of Energy and said these are the circumstances, get him out of there.